September 12, 2006

Dennis S. O'Leary, MD
President
Joint Commission on Accreditation of Healthcare Organizations
601 13th Street, NW
Suite 1150N
Washington, DC 20005

Dear Dr. O'Leary:

As you know, the rate of annual influenza immunizations for healthcare workers currently estimated at less than 40%. This low rate leaves patients in hospitals and other healthcare settings vulnerable to the risk of exposure to influenza and its potentially life-threatening complications.

I understand that you share my concern and I applaud the recent decision by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to make healthcare worker influenza vaccination programs a requirement for hospital and long term care facility accreditation. This is a good first step. However, in order to decrease patients' risk of exposure to influenza, I urge that you broaden that standard to require facilities to make the vaccine available free of cost to healthcare workers and to provide comprehensive influenza vaccine education. I also propose that JCAHO include healthcare worker vaccination rates as a measure of overall patient safety quality.

Background

In the United States each year, influenza causes 36,000 deaths and approximately 200,000 hospitalizations.[1] When influenza affects people who are already sick, the resulting illnesses can be severe. Influenza-related mortality results not only from respiratory diseases like pneumonia, but also from exacerbation of pre-existing conditions such as heart, lung, and kidney diseases.[2]

---

[1] Centers for Disease Control and Prevention, *Key Facts about Influenza and the Influenza Vaccine* (online at ww.cdc.gov/flu/keyfacts.htm).

[2] *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP),* Morbidity and Mortality Weekly Report (Apr. 2003).

The most efficient method of preventing influenza outbreaks and resulting illnesses and death is pre-exposure immunization. Because the people who are most vulnerable to the complications of influenza – the very young, old, and sick – frequently come into contact with healthcare workers, immunizing healthcare workers is an important mechanism to reduce the exposure of these vulnerable populations to the influenza virus.[3]

The inactivated influenza vaccine can prevent influenza illness in approximately 70% to 90% of healthy adults under 65.[4] Such vaccination not only benefits healthcare workers by providing them direct immunity against the influenza virus, but it also has been proven to reduce influenza-related illness and mortality among patients with whom they come in contact.[5] There is a negative correlation between health care worker (HCW) influenza vaccination and influenza illness and mortality. In one hospital study, the increase in staff vaccination rate from 4% to nearly 70% resulted in the decrease in the proportion of hospital-acquired influenza cases among hospitalized patients from 32% to zero.[6]

Troublingly, low influenza vaccination rates are a pervasive problem in the United States. The Centers for Disease Control and Prevention (CDC) estimates that 188 million Americans should be vaccinated against influenza annually, but only about 80-85 million actually are immunized.[7] Among health care workers, the rates are lower still. The CDC sponsored initiative, Healthy People 2010, set a goal of a 60% rate of healthcare worker influenza immunization by 2010. However, in 2004, only about 40% of healthcare personnel (under age 65) had been vaccinated in the previous 12 months.[8]

Proposed Expansions

The influenza vaccination standard that JCAHO approved and will implement is commendable. Requiring healthcare facilities to implement annual influenza vaccination

---

[3] Gregory Poland, Pritish Tosh, Robert M. Jacobsen, *Requiring Influenza Vaccination For Healthcare Workers: Seven Truths We Must Accept*, Vaccine 23 (2005).

[4] *Influenza Vaccination of Health-Care Personnel: Recommendations of the Health Care Infection Control Practices Advisory Committee (HIPAC) and the Advisory Committee on Immunization Practices,* Morbidity and Mortality Weekly (Feb. 9, 2006).

[5] *Id.* at 3.

[6] *Id.* at 3.

[7] Partnership for Prevention, *Strengthening Adult Immunization: A Call to Action.* (2005).

[8] *Id.*

programs is a common sense infection control measure, similar to hand washing or mask wearing policies.

However, there are additional steps JCAHO can take that would substantially improve compliance and improve patient safety. Evidence suggests that a comprehensive approach – one that addresses cost, access, and education *and* measures progress – is necessary to achieve protective levels of immunization.

(1) The JCAHO infection control standard pertaining to influenza vaccination for healthcare workers should be expanded to apply to home care and ambulatory care settings.

The new JCAHO influenza vaccine accreditation standard applies only to hospitals and long-term care facilities. To ensure that the all patients are protected, the standard should be expanded to home care settings and ambulatory care facilities.

This standard should not be restricted to hospitals and long term care facilities, but should apply broadly to healthcare settings where vulnerable patients are at risk of infection. For example, elderly home care patients may themselves be vaccinated, but because the vaccine is not as effective in older people, it is critical that individuals who have contact with elderly home care patients, such as healthcare workers who provide care in the home, be vaccinated as well. While ambulatory care patients may spend less overall time in healthcare settings, they may actually be exposed to more potentially infected individuals while sitting in doctor's office waiting rooms, filling out intake forms in hospital emergency departments, or having blood drawn. The best way to protect these patients is to vaccinate the professionals who treat them.

(2) The JCAHO infection control standard pertaining to influenza vaccination should require a comprehensive healthcare worker education program.

Like other infection control interventions, achieving widespread success in influenza vaccination programs requires accurate information be provided to healthcare workers in a comprehensible and appropriate manner.

Fears of side effects and about the vaccine's efficacy are barriers to health care worker immunization.[9] Several studies have demonstrated that correcting healthcare workers' misperceptions can sometimes increase vaccination rates.[10] Limited English proficiency among

---

[9] *Influenza Vaccination of Health-Care Personnel: Recommendations of the Health Care Infection Control Practices Advisory Committee (HIPAC) and the Advisory Committee on Immunization Practices* , supra note 4..

[10] Gregory A. Poland, *Influenza Immunization of Healthcare Workers: A Patient Safety and Quality of Care Opportunity* (Unpublished manuscript submitted to CDC Advisory Committee on Immunization Practices).

some healthcare workers can also restrict their ability to understand printed information about vaccines.

When combined with efforts to increase access to the influenza vaccine, education campaigns have been successful in raising healthcare worker vaccination rates in some facilities up to 75%.[11] JCAHO should require accredited facilities to provide evidence-based education programs that are accessible to all employees. Curricula should include information on vaccine safety and effectiveness, patient safety considerations, and risks and benefits to healthcare workers. In addition, a knowledgeable speaker should be available on-site to provide information about the vaccine and answer questions that healthcare workers may have.[12]

(3) The JCAHO infection control standard should require healthcare facilities to provide the vaccination at no cost to employees.

Another major obstacle to widespread influenza immunization among healthcare workers is cost. In fact, in one survey, 33% of healthcare workers said they would reject vaccination if they were required to pay for the vaccine.[13]

Removing this barrier – along with providing vaccine in locations and at times easily accessible to healthcare workers – can substantially improve vaccine acceptance.[14] While the JCAHO standard requires on-site provision of the vaccine, it stops short of requiring hospitals

---

[11] *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* Supra note 2.

[12] This recommendation is based on the 1991 OSHA Bloodborne Pathogens Standard, which requires healthcare facilities to offer employees the hepatitis B vaccine. It requires "an opportunity for interactive questions and answers with the person conducting the training session" and specifies "the person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address." As a result of this regulation, the rate of hepatitis B infection in healthcare workers declined 95% between 1983 and 1995 and is now lower than the rate for the general U.S. population. FJ Mahoney *et al.*, *Progress Toward the Elimination of Hepatitis B Virus Transmission Among Health Care Workers in the United States*, Archives of Internal Medicine (Dec. 1997).

[13] *Influenza Vaccination of Health-Care Personnel: Recommendations of the Health Care Infection Control Practices Advisory Committee (HIPAC) and the Advisory Committee on Immunization Practices* , supra note 4 at 5.

[14] *Influenza Vaccination of Health-Care Personnel: Recommendations of the Health Care Infection Control Practices Advisory Committee (HIPAC) and the Advisory Committee on Immunization Practices* supra note 4 at 5.

provide the vaccination at no cost to workers – an omission that may undermine program effectiveness.

Providers have understandable concerns regarding the costs of purchasing and administering influenza vaccine.[15] However, while such costs may seem burdensome, healthcare facilities may see indirect benefits of the program, including worker productivity and consistency of services. Immunization has been associated with reduced work absenteeism and use of health-care resources like antibiotics and over-the-counter medications.[16] Lower rates of staff absenteeism translate into better staffed facilities, particularly during the winter months when inclement weather and seasonal illnesses can interfere with full provision of services.

In the past, healthcare administrators have been hesitant to order large supplies of vaccines because they must order and purchase vaccine months before it is administered. Manufacturers' "no return" policy for influenza vaccine has also made providers wary about potentially ordering excess vaccine and receiving no reimbursement for unused product.[17] In the case of healthcare workers, this should not be a concern, since employers know how many workers are in a facility and could easily estimate the number of doses needed.

(4) JCAHO should establish healthcare worker influenza vaccination as a patient safety performance measure.

Requiring facilities to develop vaccination programs is an important first step towards promoting patient safety. However, programs alone will not guarantee a protective level of immunization among healthcare workers.

To ensure that facilities are fully implementing immunization programs, I urge JCAHO to include monitoring influenza vaccination coverage as a specification in performance measurement initiatives, such as the National Hospital Quality Measures. In fact, evidence suggests that vaccination monitoring systems provide incentives to facilities to increase vaccination rates[18]

---

[15] Studies have documented such cost concerns. *See* National Vaccine Advisory Committee, *Strengthening the Nation's Influenza Vaccination System: An NVAC Assessment* (Dec. 2, 2004).

[16] *Influenza Vaccination of Health-Care Personnel: Recommendations of the Health Care Infection Control Practices Advisory Committee (HIPAC) and the Advisory Committee on Immunization Practices* supra note 4 at 4.

[17] National Vaccine Advisory Committee, supra note 15.

[18] Partnership for Prevention, supra note 7 at 18.

While any improvement over and above the dismal healthcare worker vaccination rates is important, if facilities are to achieve a protective level of influenza immunity, the rates need to increase considerably. To help achieve that goal, I request that, as part of the performance measurement initiative, JCAHO – in collaboration with CDC and CMS – develop a target vaccination level to provide institutions with a benchmark.

Finally, once vaccination rates are measured and submitted, this information should be made available to the public in a simple and accessible manner. Providing this information regarding the level of infection control compliance in a facility will inform patients' and families' when making health care decisions.

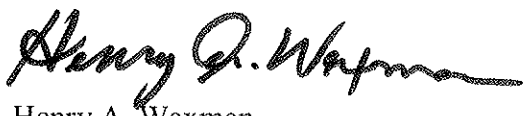
Conclusion

Increasing healthcare worker immunization rates is an important public health goal. As healthcare worker immunization rates increase, infection rates among healthcare workers themselves, their families and their patients will decrease. JCAHO has a critical role to play to achieve this goal.

I would very much appreciate the opportunity to discuss these recommendations with you. Please contact Sarah Despres on my staff to set up a meeting. She can be reached at (202) 225-5420.

Thank you for your attention to this matter.

Sincerely,



Henry A. Waxman
Ranking Minority Member